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"sore" is still no better, and Kutkut comes a third time at the husband's request. The husband angrily asks Kutkut why he does not cure the woman of her "sore," and says he thinks Kutkut is lying. Kutkut, also angry, replies that the woman has no "sore," and asks the husband indignantly why he does not understand what to do with the woman. Then Kutkut places the husband in the exact position for copulation, but still nothing happens, and the husband does not know what it is all about. Kutkut then takes a hot taro from the fire and places it on the buttocks of the man. This makes him start, and involuntarily he acts. The man exclaims, "Ah, good, very good, wonderful, I like it very much." From this time on copulation has been known.

I was told at the end of the tale that if Kutkut had not shown the man there would be no children. When I asked the question as to how the husband and his wife and Kutkut came into existence there was no answer, and it was just regarded as the foolish question of an anthropologist.

BIRTH CONTROL AND ABORTION

These Lesu people are fully aware of the causal connection between intercourse and birth, although they do not know the exact physiological process by which the embryo is formed. However, they think they have a method of control over birth. There are certain leaves which are supposed to have the power of making a woman sterile, and others which are said to have an abortive value. To produce sterility or abortion several leaves are taken in succession. The leaves are chewed, the juice swallowed, and the pulp spit out.[1] Natives swear by the efficacy of these leaves. But

[1] See Medical Knowledge, pp. 293–297, for a detailed description of leaves and their use, and possible medical value.

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so also do they swear by the ability of the rain magician to make rain. The women are very sure of the power of the abortive leaves, and, as far as I know, no physical means of abortion is used. The knowledge of these sterility and abortive leaves is zealously guarded by those who know about them. They are usually men who have received the knowledge from their maternal uncle, or some other relative. This knowledge, like all medical and magical information, is a source of income, for when a man is requested to procure the leaves he is paid for his services.

It is of interest to learn why some women, even though they are in the minority, should want to be sterile or to have abortions. In discussing it the women are sometimes quite vague, merely saying that they or some other women do not want children because they do not want them, and, with a shrug of the shoulder, let it go at that. However, there are others who are more definite. Fear of pain at birth is one reason for not wanting a child, and one woman who had had one child told me that she then ate the sterility leaves because she did not want to go through the birth pains again. Several other women told me they did not want children because it interfered with their dancing, which forms so large a part of ritual life, and which they so thoroughly enjoy. Still another reason advanced was that it interfered with their having sexual relations.[1] No woman would ever admit this as her own reason, but some of them gave it to me as the motive for other women not wishing children. These were the only three reasons for not desiring children that I was able to secure, and it must be remembered that these women were in the minority. The larger number of women said that they had never eaten sterility or abortive leaves, and had no desire to. As has already

[1] This refers to the taboo on intercourse during pregnancy and the nursing period. One man said he did not want his wife to have children because of the restraint it put on *his* sexual life.

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Some of the plants used medicinally in New Ireland grow in India, and are used there also in medical practice, and their constituents and function have been analysed.[1] When known, the comparison with India is indicated. Two principles appear to underlie the use of native medicine. For external medicine, to cure inflammation and various swellings and sores, certain leaves are passed over the fire, and when hot pressed on the inflamed or swollen part. The principle of a hot covering for inflammation is a perfectly sound one. Internal medicine consists of chewing certain leaves supposed to have medicinal value and swallowing the juice from them. There is no knowledge of surgery nor of prophylactics nor of disinfectants. Of the seventeen specimens collected (and these are the ones most in use), there are six which might have a possible medicinal value, as they have similar value in India. Of these six, three are for external use to cure inflammation, one is useful in diarrhoea, and two others are used as an abortifacient. The value of the others is extremely doubtful.

Seven specimens were collected which were supposed to have an abortifacient function. One of these seven, *Rubus moluccanus*, has the same function in India. Four of them are used in India, but for different functions. Three are not known in India. Two of them have constituents which might make them useful as emmenagogues; the acanthaceous one contains a bitter alkaloid, and curcuma a volatile oil. But whether the leaves contain sufficient quantities of these to make them efficient is very much a matter of conjecture. It seems rather unlikely that seven plants, all with the function of an emmenagogue, should be growing wild in this one place, and it is probable that if I had gone thirty miles in either direction I might have collected seven completely different specimens with the supposedly same function.

Native medicine seems to be about equal in accuracy to

[1] Nadkarni, K. M., *The Indian Materia Medica*, Bombay, 1927.

3:Chinnery G, E-5 (1929)1931 OM10 New Ireland OM10

165 adequately with the problems arising from these conditions. The high infant mortality rate in places as favorably situated as Munuwai, Losuk, Nono, Laraibina, Lugagun, &c., however, is difficult to explain. Between Munuwai and Kavieng, the conditions of life for child-bearing women and for infants are not so difficult as those in villages [853] lower down the road. In all the villages above-named, infants are commonly fed on taro and other solid foods. Mission influence however is very strongly established in this part of the district, and, as the villages are within reach of the medical authorities at Kavieng, conditions should improve as time goes on.

OLD PEOPLE.

162 It is amazing to find on this road such a large number of extremely 145 old people. Nowhere else in the Territory have I noticed so many. The males numbered 604 and the females 815. Practically all of them were grey-haired or bald, and in the lower end of the road many [302] of the bald men wore neat wigs of human hair. Some of them are survivors of the old black-birding days, having worked on the cane-fields in Queensland. It is doubtful if many of these old people will survive another two years, a possibility that might be remembered when the death rates for the next few years are being tabulated.

WOMEN OF REPRODUCTIVE AGE.

162 Out of the women enumerated, I counted 1,779 who were definitely said by the elders to be the fertile women on whom the future population depended, until females at present under age of puberty could become married. The number of reproductive women is probably larger, but I could only estimate this figure, and in this was assisted by the old men.

ABORTION.

847 The tables disclose a large number of fruitless unions, 34 per cent. 842 of which are due apparently to sterility. Some of my informants told me that the women chew the leaves of plants and drink infusions from leaves, roots, &c., both to prevent conception and to procure abortion. It is not easy for a male observer to disentangle the mass of information offered on this subject, but, as Dr. (Miss) Powdermaker is now making an intensive study in the area with especial reference to women, valuable data may shortly be forthcoming. It is said there are also mechanical methods of procuring abortion. A peculiar aspect of the information regarding sterility is that women chew certain leaves when newly married, and become sterile, but, when later on they desire to have children, another species of plant is eaten to restore fertility. This could not be closely investigated, but my information has been passed on to Dr. Powdermaker, who may be successful in securing reliable information on the point.

3: Chinnery G, E-5 (1929) 1931 OM10 New Ireland OM10

A large number of the apparently sterile women are very old. The usual reply to a question concerning the lack of children is that the bearing of children is a burden which interferes with the efficiency of women in garden and road work, or the oft repeated, "laze along push push", one suggesting deliberate abortion, and the other lack of desire.

APATHY.

We are dealing with a people who have been profoundly upset by the coming of European settlement, which during the first few years rudely interrupted local conditions of life, and practically withdrew the majority of able-bodied males and many females of reproductive age from the villages, and continued to drain the population of its best blood year after year. The old German methods of uniting the stocks meant, in effect, that bush people and coastal people were deprived of their racial and social individuality, and compelled to live more or less on one another's ground, thus perforce losing the very characteristics that make for group stability. By the land alienation that took place during these years, natives found themselves being gradually pushed into corners here and there by the ever-expanding European settlement. The road work and other uses to which the relatively few remaining able-bodied men were put left small time for gardening and other native occupations. On top of these disturbing influences came the Mission with its new cultures. Pressure was brought to bear on all practices having the slightest resemblance to European standards of immorality. The natives who led an active sexual life with more or less promiscuity, in which they were constantly stimulated by various dances that gave incentive to and opportunity for sexual expression, now heard that their most natural and spontaneous activities were things of which to be ashamed, unless regulated in accordance with the standards taught by the Mission. As a prominent headman said to me, "the romance, excitement, and adventure of sex have gone. Always the native teachers speak of it in church and school as a thing of shame. Before, men and women gratified their desires when and where they found them. Now, to go into the bush with your lover is to be publicly shamed. The Missions say to the people who are married, 'You must have more children', but how can there be children without sex life, and how can there be sex life without sex play. Our night dances are practically forbidden, romance and adventure now appear to be sins, and the boys and girls are ashamed, and have no desire ('laze along, push push')."

There is no doubt that in olden days the native ceremonial and social life stimulated considerable sexual freedom. In many places women were permitted to have lovers who were to a certain extent recognized socially, and who contributed payments to the husband.

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surreptitously. Divorce is moderately common and individuals may have a succession of mates.

During the period of pregnancy a women may have no sexual intercourse with her husband or anyone else. The man may, however, have sexual intercourse with a woman other than his wife. After the birth of the infant neither the mother nor her husband may have intercourse with each other, or with anyone else, during the period of lactation. For the women there is thus an abstention from sexual intercourse for a minimum of three years and for perhaps as much as four. This taboo, if kept, would cause a long interval of time between births. It is difficult to find out exactly how strictly it is kept. Like all taboos in primitive societies it is sometimes broken. But one cannot collect statistics on the subject because one only hears of the cases when the culprits are found out. After living in the society for almost a year, the writer is of the opinion that it is kept moderately strictly. There is a grave social stigma for those who break it and are found out, and their infant is supposed to become ill. One such case happened during the author's visit and was the cause of much gossip. It was known that the parents of a certain sickly infant had broken the taboo and the natives all pointed to their unhealthy infant as the result. It is more difficult to break this taboo and not be found out than it is for a member of our society to transgress our custom of monogamy and not be caught. In the primitive society under discussion there are several conditions which make secrecy difficult. First, the village is small, numbering only a couple of hundred, and everyone knows everyone else well. Secondly, practically all of the social life is carried on outdoors, and extra-marital intercourse generally takes place in the bush, which limits somewhat the privacy. Thirdly, these people, like all others, love to gossip and indulge in it to a great extent. It is therefore not easy to conceal a violation of this taboo. The social disgrace of being detected, and the belief that it will harm the child, are strong deterrents in a society motivated largely by social prestige.

There is no infanticide and, as far as I know, no physical means of abortion. There is, however, a leaf, or rather several leaves, chewed by the women and believed to cause sterility. There is another leaf which if chewed within two months after conception will make the embryo disappear, according to native belief. Specimens of both kinds

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they were in the past, and that while they may be a cause for a high rate of infant mortality they cannot be considered as a cause for an increase in the rate. Epidemics might reasonably be a factor, and there was an influenza epidemic in 1918 and a famine in 1914, due to drought, in New Ireland. There is no record of how many deaths, or the ages of those dying from either influenza or the famine, so that they can only be considered in a general way. The last cause mentioned by the conference, namely infanticide, does not exist now and did not in the past, as far as one was able to observe, among the people on whom this study is based.

Psychological causes for a decline in native populations have been suggested by W. H. R. Rivers and G. H. L. Pitt-Rivers. The former, in his discussion of the conditions which have affected increasing death rates and decreasing birth rates, mentioned the following: the introduction of diseases, of alcohol and opium, of firearms, of European garments, of modified housing, and finally, modifications and interferences with native customs.[28] Dr. Rivers emphasized the last point particularly and believed that the destruction of native institutions deprived the natives of their interest in life. Continuing his discussion of the increasing death rates, he said, "The special point I wish to make in my contribution to this book is that interest in life is a primary factor in the welfare of a people. The new diseases and poisons, the innovations in clothing, housing and feeding, are only the immediate causes of mortality. It is the loss of interest in life underlying these more obvious causes which give them their potency for evil and allows them to work such ravages upon life and health." [29] When he considered the decline in birth rates he again emphasized the significance of mental factors, and thought that the same loss of interest in life might be of importance in

[28] Rivers, W. H. R., Essay, "The Psychological Factor," in *Essays on the Depopulation of Melanesia*, edited by the same author, Cambridge, 1922, pp. 89-95. Alcohol, opium and firearms are not used by the natives of this study. The men now wear loin cloths when formerly they were naked, and have acquired a consciousness of their bodies which they lacked in the past. The women wear loin cloths also, instead of the straw aprons formerly worn, and they are supposed to wear blouses. The blouse comes off when they are working, and frequently at other times too. Dr. Rivers' point that the natives keep their bodies clean, but not their acquired clothing, applies to these people. The houses have not been modified by European influence. The other two factors, the introduction of diseases and the modification of native customs, are discussed in the text.

[29] *Ibid.*, p. 96.